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## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). I hereby appoint Practitioners associated with the Customer Number. 40518 Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Registration Name Registration Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned scoording to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3,73(b). Please change the correspondence address for the application Identified in the attached statement under 37 CFR 3.73(b) to: 40518 The address associated with Customer Number, OR Individual Name Address City State Zip Country Telephone Email Assignee Name and Address: Niagara Gorge Medical Devices LLC 596 Hopkins Street Menlo Park, CA 94025 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,

This contection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and authritting the completed epplication form to the USPTO. This will vary depending upon the individual case. Any comments on the amount of time you require to complete this ferm and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patant and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND PEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

SIGNATURE of Assignee of Record

and title is supplied below is authorized to act on behalf of the assigned

Date

Sept., 2006

Telephone (656) 566-9091

and must identify the application in which this Power of Attorney is to be filed.

President/CEO - Nlagara Gorge Medical Devices LLC

Signature

eff Gold

Name

Title